



(Assistant Examiner) _____ (Date) _____

Samuel M. Heinrich
Samuel M. Heinrich June 23, 2007
(Primary Examiner) (Date)

Total Claims Allowed: 10

O.G.
Print Claim(s)

O.G.
Print Fig.

1

1

☐ Claims renumbered in the same order as presented by applicant☐ CPA☐ T.D.

□ R.1.47

Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original	
	1		31			61			91			121			151		181
	2		32			62			92			122			152		182
	3		33			63			93			123			153		183
	4		34			64			94			124			154		184
	5		35			65			95			125			155		185
	6		36			66			96			126			156		186
	7		37			67			97			127			157		187
	8		38			68			98			128			158		188
	9		39			69			99			129			159		189
	10		40			70			100			130			160		190
	11		41			71			101			131			161		191
	12		42			72			102			132			162		192
	13		43			73			103			133			163		193
	14		44			74			104			134			164		194
	15		45			75			105			135			165		195
	16		46			76			106			136			166		196
1	17		47			77			107			137			167		197
	18		48			78			108			138			168		198
	19		49			79			109			139			169		199
2	20		50			80			110			140			170		200
3	21		51			81			111			141			171		201
4	22		52			82			112			142			172		202
5	23		53			83			113			143			173		203
6	24		54			84			114			144			174		204
7	25		55			85			115			145			175		205
8	26		56			86			116			146			176		206
9	27		57			87			117			147			177		207
	28		58			88			118			148			178		208
10	29		59			89			119			149			179		209
	30		60			90			120			150			180		210